A8010-3
5/26/87

Nursing HEALTH CARE

VOLUME 8, NUMBER 5 MAY 1987

12/99 PMS 90-11063
EDWARD KIANKA 3D6
ACQUISITIONS EDITOR
STATISTICAL REFERENCE INDEX
CONGRESSIONAL INFO SERVICE
4520 EW HIGHWAY SUITE 800
WASHINGTON DC 20014

Official Publication of the National League for Nursing

Nursing & HEALTH CARE

VOLUME 8, NUMBER 5 MAY 1987

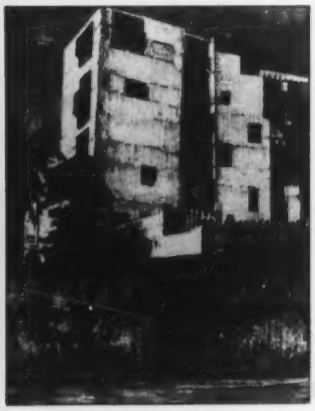
CONTENTS

Cover Story

Cultural Issues

Caring for clients from different cultures requires sensitivity. Juliet Tien-Hyatt explores some unique aspects of culture-specific care for Asians. **Page 268.**

Features



272

Saudi Education

The author describes how she went about designing a nursing curriculum attuned to the students' and the country's needs.

Patricia G. Beare

282

Education in Crisis

The results of NLN's 1985 annual survey of nursing education programs paint a gloomy picture for recruitment and retention.

Peri Rosenfeld

276

Student Education in Service Agencies

Following up on last month's story, the authors report the findings of their study to determine whether nursing schools and service agencies exchange resources equitably.

E. Ann Hillestad
Patty L. Hawken

288

Workload Management

Because this system lets managers categorize patients according to nursing needs, it gives them a way to best allocate and use nursing personnel.

James D. Vail
Dena A. Norton
Karen A. Rieder

Departments

263 Guest Editorial
265 Letters
267 Announcements
294 NLN Perspective
298 Proposed Mission and Goals
300 Proposed New Organizational Structure
305 News
309 Washington Focus
311 The Marketplace
313 Bookends
314 NLN Calendar
315 Classified

NURSING & HEALTH CARE offers diverse views on subjects of interest to readers. Articles represent the opinions of individual contributing authors and are not necessarily those of the National League for Nursing.

Weighing the Costs and the Benefits of Student Education to Service Agencies—Part 2

E. ANN HILLESTAD
PATTY L. HAWKEN

Recent concern over financial cutbacks in hospitals and schools of nursing have increased interest in examining the costs and benefits of educating nursing students in hospitals. A literature review revealed a paucity of cost-to-benefit analyses and no studies devoted to the effect of intangible elements on the exchange.

In the first part of this article, which appeared in the April 1987 issue of *Nursing & Health Care*, we described a cost-to-benefit analysis of nursing student education to service agencies (see page 222). The question we asked was "Is there an equitable exchange of resources between education programs and service agencies that cooperate in educating nursing students?"

To answer that question, we first determined that the hospital, the students, and the nursing staff contribute two types of benefits to the hospital and to the school: tangible activities, such as providing physical care; and intangible benefits, such as having an opportunity to recruit students to work in the agency after graduation.

The specific questions we studied were what tangible and intangible resources do baccalaureate and higher degree schools of nursing and service agencies exchange, and is the exchange of these resources equitable?

We used Nord's Resource-Exchange Paradigm to examine these questions [1]. The paradigm describes social interactions as fundamental aspects of resource exchange. The resources exchanged between organizations are those that help them achieve their goals. The relationship between two organizations is satisfactory when each views the exchange as equitable.

In the study, we determined what tangible and intangible items a school of nursing and a hospital exchange. The article in the April issue includes a thorough discussion of the study design, the sample, data collection, and the analysis of the tangible resources; here we will focus on the exchange of intangible resources.

We devised a questionnaire that listed all of the intangible resources that a school of nursing contributes to a hospital and all of the intangible resources that a hospital contributes to a school of nursing. We sent the questionnaires to five hospital administrators and five directors of nursing in the institutions we had chosen to study, to the eight faculty members who work with students in medical-surgical areas in these hospitals, and to 23 staff nurses who have contact with our students as team leaders, head nurses, or clinical specialists. We received questionnaires back from everyone except one hospital administrator.

We divided the questionnaire into three respondent groups—nursing school faculty members, hospital staff nurses, and hospital and nursing administrators. We asked the respondents to rate their opinions on each of the intangible resources provided by the school on a scale of one to five (minimally important to very important). The seven intangible resources listed were:

- Prestige of being associated with a teaching facility
- Recruitment tool—access to education helps facilities recruit staff
- Recruitment pool—students are available as prospective staff members after graduation
- Job enrichment—participation in nursing education provides an added dimension to staff members' jobs
- Maintaining nursing skills—reinforcing appropriate principles and tasks when students are around

E. Ann Hillestad, PhD, RN, is an assistant professor at the University of Texas Health Science Center at San Antonio School of Nursing and a former nursing service administrator. Patty Hawken, PhD, RN, is dean and professor at the same school. Special thanks to Sara Draper, MSN, RN, research associate, who participated in data collection.

Table 1. Intangible Resources — School of Nursing. Kruskal-Wallis Values among Faculty (n=8), Staff (n=23), and Administrators (n=9). (df=2)

Item	Group	Mean Rank	Chi Square	p value
Prestige	Faculty	16.63		
	Staff	18.67	6.9415	0.0311
	Administrators	28.61		
Recruitment tool	Faculty	16.81		
	Staff	19.76	3.0872	0.2136
	Administrators	25.67		
Recruitment pool	Faculty	21.50		
	Staff	18.67	1.9922	0.3693
	Administrators	24.28		
Job enrichment	Faculty	11.81		
	Staff	19.87	11.3963	0.0034
	Administrators	29.83		
Skill maintenance	Faculty	14.38		
	Staff	20.17	5.4062	0.0670
	Administrators	26.78		
Analysis of care	Faculty	14.88		
	Staff	19.54	6.5426	0.0380
	Administrators	27.94		
Continued learning	Faculty	10.00		
	Staff	20.65	13.4945	0.0012
	Administrators	29.44		

- Impetus for analyzing nursing care—students' questions serve as stimulus for staff members
- Continued learning—staff encouraged to stay current in nursing and to seek additional education.

We tabulated responses from each item and used the nonparametric Kruskal-Wallis One-Way Analysis of Variance (ANOVA) to analyze the data (see Table 1). There was a statistically significant difference in responses to the prestige, job enrichment, analysis of care, and continued learning items. The administrative group rated prestige as very important; faculty members and staff rated it as important. Administrators are perhaps more aware of such benefits of being associated with a university health science center as cooperative research, shared resources, and joint accomplishments. Although faculty members and staff may not be as aware of the significance of high visibility for institutions when they cooperate in these activities, both groups appreciated this element as important.

The administrators and staff were in close agreement about job enrichment as a result of having students in the facility. Administrators ranked this as very important; the majority of the staff indicated it was important. Faculty members rated this area as moderately important. Faculty members are less aware than the members of the other groups of the impact and influence of the students' presence in clinical settings and its importance to staff and administrators.

The next item rated was the influence of students' questions as an impetus to better patient care. Administrators rated this item as very important; faculty members rated it as moderately important, and staff members rated it as important. Administrators and staff members had a higher opinion of this influence than did faculty members, which highlights the idea that faculty members are unaware of the influence of student interactions with staff members and the value the others place on their questions.

The last item on which the responses were significantly different was the influence students' presence had on staff members' continued learning. Administrators viewed this as very important; staff marked it in the important category. Faculty members' responses ranged from minimally important to important—with the mean centering around moderately important.

The responses to these four items, although different for each group, ranged from minimally important to very important. Administrators and staff members value student contributions highly and view students' presence as a direct influence on their institutions and staffs. Faculty members are supportive of these items but are not as aware as the others of their effect or value to the institution.

On three items, there was no difference in responses and therefore close agreement among respondents. Thirty-

one of the 40 respondents marked being associated with a university as an important or very important recruitment tool. Some of the institutions mention the access to education in their recruiting literature and advertisements, which verifies the significance of this association to them.

The highest agreement was in relation to having the opportunity to recruit.Thirty-four of the 40 respondents marked this as very important or important. The respondents evidently agree that familiarity with an institution's policies, personnel, and environment affects a student's employment decisions.

The administrators rated nursing education's role in helping staff members maintain their nursing skills as very important, while both staff and faculty rated this item as important. The high ratings on this item underscore the influence and contribution of the students' presence in maintaining quality patient care.

The survey of three groups on the importance of seven intangible resources that a school provides to a hospital resulted in a varied response. The groups reached a high level of agreement that the school contributes to the hospital recruitment pool. They all reached close agreement on the idea that being associated with a university serves as a recruitment tool and that it helps staff members maintain their nursing skills. Administrators and staff members thought the students' presence brought more prestige to the institution and helped staff maintain nursing skills, analyze care, and continue learning more than faculty members did. Faculty members may believe that the school's contribution is lesser in importance than the others believe. These data support that conclusion. Administrators indicated that the school and students have an important influence on the institution, staff, and patient care. Staff nurses also had very positive opinions about the school's and the students' contributions.

For the second list of intangible items, we asked the respondents to rate the degree of importance for each of the items the hospital contributes to the school. The items on this list were:

- Opportunities to provide nursing care—access to patients and families to provide nursing care
- Knowledge and skill of the staff—staff share their knowledge and skills with students and provide protection and backup
- Interaction with medical staff—making rounds with physicians and talking with the patients' doctors
- Interaction with other health personnel—talking with social service personnel, dietary personnel, laboratory personnel, and so on
- Evaluation and feedback—direct feedback from the staff to the students about the students' performance
- Experience in an organizational setting—providing the student with insights into the organizational complex-

Table 2. Intangible Resources — Clinical Facility. Kruskal-Wallis Values among Faculty (n=8), Staff (n=23), and Administrators (n=9). (df=2)

Item	Group	Mean Rank	Chi Square	p value
Opportunity to provide care	Faculty	20.06	1.2654	0.5312
	Staff	19.56		
	Administrators	23.39		
Skill of the staff	Faculty	13.63	7.6048	0.0223
	Staff	20.15		
	Administrators	27.50		
Interaction with physicians	Faculty	10.94	9.3401	0.0094
	Staff	21.07		
	Administrators	27.56		
Interaction with other personnel	Faculty	10.94	8.8752	0.0118
	Staff	21.35		
	Administrators	26.83		
Feedback and evaluation	Faculty	10.25	9.5615	0.0084
	Staff	22.24		
	Administrators	25.17		
Organizational experience	Faculty	16.44	4.2364	0.1203
	Staff	19.61		
	Administrators	26.39		
Recruitment of staff as students	Faculty	16.75	4.5176	0.1045
	Staff	18.75		
	Administrators	25.94		

Table 3. Average Total and Average Item Response Scores by Group.

	Intangible Resources					
	School			Clinical Facility		
	Faculty (n=8)	Staff (n=23)	Administrators (n=9)	Faculty (n=8)	Staff (n=23)	Administrators (n=9)
Average total scores	25.25	28.83	33.11	23.25	29.70	33.00
Average item scores	3.61	4.12	4.73	3.32	4.24	4.71

ities of delivering nursing care

- Recruitment—provides an opportunity for contact with staff members as potential students

Table 2 shows the results of this analysis using the Kruskal-Wallis One-Way ANOVA. Respondents differed in their opinions on staff skill, interaction with physicians, interactions with other personnel, and feedback and evaluation.

The major difference of opinion about the skill of the staff was between the faculty members and the administrators. The faculty members rated staff knowledge as important, and administrators ranked it as very important. Fourteen staff nurses ranked this item as very important; eight ranked it as important. Perhaps the emphasis on clinical teaching and the ratio of a limited number of students to each faculty member have de-emphasized the importance of staff-student interaction to faculty members.

The two items that deal with students' interaction with other health care personnel rated different opinions. Administrators placed the most importance on these interactions; faculty members placed the least importance on them. Staff nurses and administrators are in constant contact with other personnel and believe this to be an important part of their jobs. Faculty members and students may have less interaction due to specific learning objectives. Faculty members may also buffer this interaction by participating in the interactions themselves and excluding the students.

The last item varying significantly was evaluation and feedback from the staff. The faculty members considered staff feedback somewhat important. Staff and administrators rated this item as very important or important. Educators may be so attuned to their responsibility for enabling students to meet course objectives that they do not think it appropriate for others to evaluate student performance. They may also view their formal evaluation of students as more significant than informal evaluation by staff. The responses regarding opportunities to provide care, receiving organizational experience, and opportunities to recruit staff as students did not vary significantly and therefore indicated agreement. Thirty-one of the 40 respondents rated the opportunity to give nursing care as very important; seven rated it as important. This finding emphasizes the important role of clinical experience in nursing education.

Considering the previous findings, we were surprised that the opinions on the importance of receiving experience in an organization did not differ significantly. Most respondents viewed this item as important or very important. Since this item referred to the importance of students gaining insight into the influence of organizational complexities and into the costs associated with care delivery, it was possible that the mixed levels of student experience would have brought about a varied response. This was not the case; all groups rated this item equally.

The importance of recruitment did not reveal significant differences in the opinion among the groups. All groups indicated that this was important. This result was consistent with the response of the three groups on the first part of the form in relation to having students in the facility being a recruitment tool and resulting in a recruitment pool. Schools of nursing with declining enrollments have to take full advantage of recruitment opportunities within agencies since agency personnel recognize this contact as important for future education.

The staff and administrators thought the knowledge and skill of the staff, the opportunity to interact with the medical staff, the opportunity to interact with other health care personnel, and evaluation and feedback by staff members were more important than faculty members did. There was strong agreement on the importance of opportunities for students to provide nursing care in the clinical setting, gain insight into organizational complexities, and provide contact with staff members for recruitment back into nursing education.

Conclusions

One aim of this project was to determine whether or not the exchange of resources between a school of nursing and a clinical facility is equitable. We divided the resources being exchanged into groups of tangible and intangible resources. The report on tangible resources indicated that the exchange of tangible resources was not equitable—the tangible resources contributed by the school of nursing had a greater monetary value than those contributed by the clinical facilities.

Since we cannot place monetary values on intangible resources, we used questionnaires to assess the importance of the intangible resources to nursing faculty members, members of the nursing staffs, and hospital and nursing administrators in the clinical facilities. We examined each item in the questionnaires individually; there were statistically significant differences on 8 of the 14 items. In every

instance except one, the faculty members had lower mean scores than did the other two groups. One conclusion is that the faculty members believe that both the items contributed by the school and those contributed by the hospitals are less important than the staff and administrators believe.

To try to assess equity, we added the sums of the responses of each of the three groups for each part of the questionnaire and divided by the number of respondents in each group. These calculations resulted in average total response scores, which we divided by the number of items in each questionnaire to yield an average item response score (Table 3).

Capitalize on Findings

These figures indicate that the faculty members attributed slightly more importance to the resources contributed by the schools; staff members attributed very slightly more importance to the resources contributed by the clinical facilities, and administrators indicated no difference. Based on this information, the exchange of intangible resources between the school and the clinical facilities is equitable. This conclusion does not weight the importance of each item—it treats each item as equally important when, in fact, that may not be true. This study highlights the positive opinions of administrators and staff in some important areas and also gives direction to schools of nursing in relation to faculty members' attitudes about the school's importance. Helping educators to be aware of and capitalize on the importance of this resource exchange could bring about greater appreciation of staff nurses, increased recruitment, and closer working relationships.

The importance of intangible resource exchange cannot be overlooked. Dollar amounts are critical indicators of a shared partnership, while intangible resource factors have a high degree of importance and help promote nursing and quality patient care beyond a monetary value.

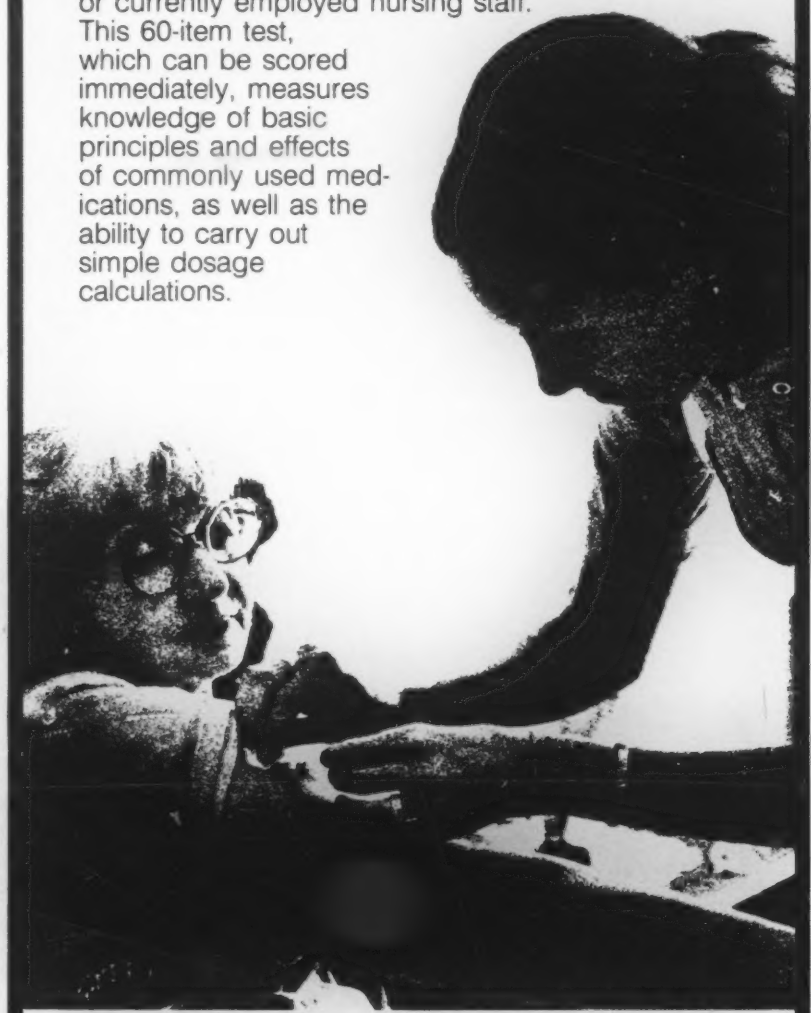
References

1. Nord, Walter, The study of organizations through a resource-exchange paradigm, Gergen, Kenneth J., Greenberg, Martin S., Willis, Richard H. (eds.) *Social Exchange: Advances in Theory and Research*, Plenum Press, 1980, 119-139.

Preventing Med Errors

How safe is your staff?

New from NLN, *Basic Proficiency in Medication Administration* is a valid and reliable test that assesses the competencies of newly hired or currently employed nursing staff. This 60-item test, which can be scored immediately, measures knowledge of basic principles and effects of commonly used medications, as well as the ability to carry out simple dosage calculations.



For more information, send to Joyce Carusi, National League for Nursing, 10 Columbus Circle, New York NY 10019-1350.

Name _____

Title _____ Tel. No. _____

Institution/Agency _____

Address _____

City _____ State _____ Zip _____

Nursing Education in Crisis — A Look at Recruitment and Retention

PERI ROSENFELD

The problems of finding qualified nursing students — and keeping them — are approaching crisis proportions. That fact becomes clear when we look closely at the results of the National League for Nursing's (NLN's) 1985 annual survey of nursing education programs and at preliminary data from the 1986 survey.

In 1985, annual admissions to basic nursing programs fell 4.5 percent from 1984, down to 118,200. Diploma programs felt the most dramatic drop — admissions plummeted by almost 17 percent from the previous year. Associate degree programs experienced a 4.2 percent decline, and baccalaureate programs maintained an increase of less than 1 percent. In addition, enrollments fell 8 percent from 1984 and 13 percent from 1983. Here, too, diploma programs suffered the greatest loss — a 19 percent drop over the previous year. Associate degree programs lost almost 8 percent of their 1984 enrollments, and baccalaureate programs lost 4 percent (see Table 1).

Unfortunately, it looks as though the situation will get worse before it gets better. Data on 1986 fall admissions — which constitute the majority of annual admissions — reveal an 8.8 percent decrease to about 83,000, which is the lowest fall admissions figure since 1970. The number of applications to nursing programs is also shrinking.

The now-documented nursing shortage and the decreases in nursing school enrollments indicate an urgent need to recruit individuals into the profession. And the challenge to recruit enough students is compounded by the need to attract qualified students who can "make the grade." Understanding the current admission and recruitment practices among registered nurse (RN) programs will give educators a strong foundation upon which to plan for the future. To get a firm handle on today's admissions policies and on the recruitment strategies nursing programs are using, in 1985, NLN researchers added a "special topic" section to the annual surveys sent to RN programs. The 1985 special topic was admissions policies and recruitment practices; in 1986 we followed up with a focus on retention.

Ninety-two percent of the 256 diploma programs responded to the 1985 survey, as did 85 percent of the 441 baccalaureate programs and 74 percent of 776 associate degree programs. Overall, almost 80 percent of all basic RN programs responded to the special topic section.

The results of the study indicate that shrinking applicant pools are forcing programs to lower admission standards and to offer large doses of remediation to the students they accept.

Almost 80 percent of the responding programs said that applicants must achieve a minimum level of academic achievement to be admitted (see Figure 1). Most, however, did not specify what that standard was. Baccalaureate programs were most likely to require some minimum academic achievement, followed by diploma and associate degree programs. More than half of the programs required that applicants take a standardized exam such as Scholastic Aptitude Test (SAT) or the American College Test (ACT). Diploma programs were most likely to require this criterion for admission.

The most frequently cited measure for admission was a grade point average of 2.5 or higher. Programs that considered the results of standardized examinations for admission most often used the SAT or the ACT, and they considered combined SAT scores ranging from 700 to 1,000 as the minimum scores appropriate for admission. This finding is borne out by College Board officials, who point out that a small number of SAT takers are considering nursing and that the scores of prospective nursing students are considerably lower than those of other college entrants.

In addition to objective evaluation measures, some schools use more qualitative measures. Forty-four percent of the programs required an interview; 44 percent required a personal statement; and 44 percent required letters of recommendation. All of these requirements were most likely to be

Peri Rosenfeld, PhD, is the director of research at the National League for Nursing in New York City.

Table 1. Results of National League for Nursing's 1985 Annual Survey of Nursing Educational Programs

	Total		Generic Baccalaureate		Associate Degree		Diploma	
	N	% Change*	N	% Change*	N	% Change*	N	% Change*
Annual admissions	118,224	−4.5	39,573	+0.4	63,776	−4.2	14,875	−16.7
Enrollments	217,955	−8.1	91,020	−4.2	96,756	−7.8	30,179	−19.0
Fall admissions	83,026	−8.8	28,883	−0.3	44,966	−8.0	9,177	−33.3
Applications (% change since 1982)	175,043	−26.7	54,879	−19.2	92,450	−26.0	27,714	−39.9

*% change since previous year

found among diploma programs.

We cannot review this data without fearing that, for some programs, the only two choices are to remain in business by reducing standards or to close. The American University in the District of Columbia faced this decision last year; they have not accepted any new nursing students since fall 1986.

If nursing programs cannot make sure that most of the students they admit are qualified to complete a nursing program, they have to offer remedial courses to retain the students they admit. The majority of nursing school directors responded that remediation is available in math, reading, and study skills. One-third have remedial courses available in other areas, such as writing and science courses (see Figure 2).

Associate degree programs were most likely to offer remedial courses — more than 75 percent said they offer remedial courses in math, reading, and study skills. Well over half of the baccalaureate programs offer remediation, and diploma programs are the least likely to offer remedial courses.

According to Hodgkinson, college students in the future will require more academic assistance to graduate than did students in the past because demographic trends indicate that the number of minority and immigrant students entering into our educational system is on the rise, and those students generally require more remediation than do middle class students. In addition, more high school graduates in the future will have been raised in poorer, single-parent households than in the past. These individuals also tend to need more academic help. Because of varying fertility rates, fewer white, middle-class children will be coming through the educational pipeline [1].

In the special topic section of our 1986 annual survey, we asked nursing program directors about retaining students. Preliminary findings indicate that close to 50 percent of the responding programs are having problems doing so. Of those, two-thirds say that the major factor contributing to their attrition problems is that "students have difficulty with the required courses." Family obligations and financial problems ranked a distant second and third in order of importance. Clearly, remediation is a much-needed component in nursing education. Once students are accepted, they need help finishing the program. However, demographic trends suggest that remediation will probably be a more serious problem in the future than it has been in the past.

Just as programs will have difficulties retaining the students they admit, recruiting qualified candidates will also become a more difficult task. Hodgkinson has pointed out that as "fewer students are spread across the same number of institutions . . . some institutions (will) try to attract anyone who is warm and breathing into their opening class [2]."

Institutions of higher learning have traditionally considered any form of advertising an anathema to their dignity and integrity. However, today's situation requires aggressive recruitment techniques to attract enough applicants to nursing programs.

According to Gunnerson, colleges and universities are exploring such in-

Figure 1. Percentages of Programs that Require Specific GPAs or Standardized Exams for Admission

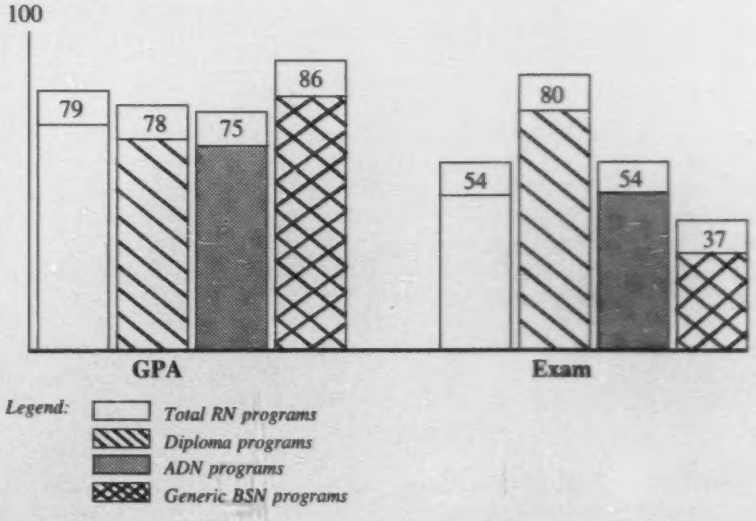
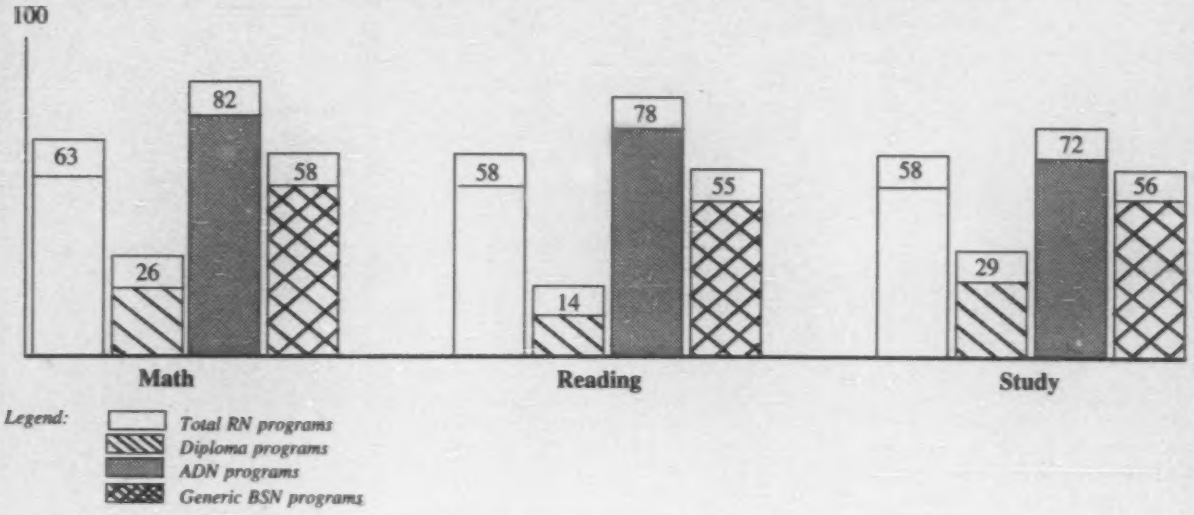


Figure 2. Percentages of Programs that Offer Remedial Courses in Math, Reading, and Study Skills



novative recruitment campaigns as inserting schedules of classes in local newspapers, offering day care facilities to students, mounting poster campaigns with the familiar tear-off reply cards, sponsoring college night and college fairs, and using direct mail campaigns with diligent follow-up [3].

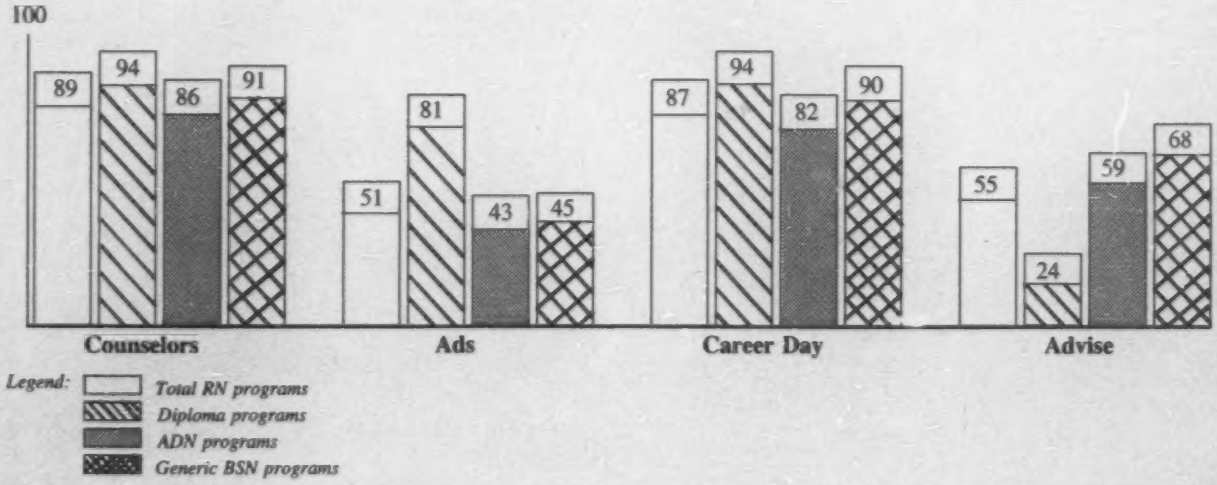
We found that more than 90 percent of the nursing programs that responded to our 1986 survey were continuing to rely on high school career counselors to recruit students; 87 percent were relying on career-day activities. More than half of all the programs were recruiting students through registration-day advisement, but associate degree and baccalaureate programs made up the majority of this category. Diploma programs were most likely to use advertising (see Figure 3).

Among the unique approaches to recruitment that some of the programs listed were television and radio spots, booths at shopping malls and health clubs, open houses, visits to local hospitals to attract licensed practical nurses, alumni activities, and mail campaigns.

Because entire institutions of higher learning are scrambling for students today, nursing programs are competing with other programs on their own campuses for students. Assigning a special nursing recruiter is one step in the right direction. Ninety-two percent of the responding diploma programs, 69 percent of the baccalaureate programs, and 56 percent of the associate degree programs reported that they had specific persons or groups working on recruitment to nursing.

Nursing is a female-dominated profession and will probably remain such for some time. But young women are flocking to other areas within and outside the health care delivery system where the financial and social rewards are greater. The numbers of women

Figure 3. Percentages of Programs that Use Different Recruitment Strategies



entering medicine, pharmacy, optometry, dentistry, law, business, and computer science are growing. This means that nursing programs are competing with other disciplines for the best qualified students. Nursing program recruitment efforts alone won't change this — nursing has to work to boost its economic, social, and political status in the American occupational structure to draw those candidates back.

Our data show that the problems of recruiting and retaining nursing students — and the approaches to solving them — do not vary much in different parts of the country or across schools with differing financial resources. Variables such as geographic region and financial support had little impact on admission requirements or recruitment practices. For example, programs in the West were more likely to offer remedial courses, but the West has the largest proportion of associate degree programs, which offer more remediation in general. In fact, the proportion of program type per region is the best predictor of admission and recruitment practices in a given region. Not surprisingly, more than 70 percent of the responding public institutions offered remedial courses, as contrasted to 40 percent of the private institutions. Otherwise, we found no other significant differences among programs with different levels of financial support.

We did, however, find differences between NLN-accredited and nonaccredited schools. Programs with NLN accreditation were more likely to require specific grade point averages, letters of recommendation, and other qualitative admission requirements than nonaccredited programs. These programs were also more likely to have persons responsible for recruiting.

An appraisal of the current admission requirements and recruitment strategies used by nursing educational programs shows that in general, admissions requirements are minimal, and programs are continuing to try to find ways to bring students in. The nursing shortage is real. The United States Department of Health and Human Services has projected a deficiency of 600,000 nurses prepared at the baccalaureate and higher levels by the year 2000 [4]. Meanwhile, it's harder to find motivated and talented incoming students. However, demographic trends shed light on some promising areas for recruitment. In 1983, Barbara Holtzclaw discussed the problem of the changing applicant pool [5]. Her solution — to recruit individuals with baccalaureate degrees in other fields into nursing — is all the more pressing now. Holtzclaw and others point to older students, part-time students, minority students, and male students as the potential nurses of the future. Recruiting individuals with non-nursing degrees will require developing advanced nursing programs for students who are not only well-educated but who are also likely to be working or have families and require part-time classes and day care. Understanding adult learning will become a necessity among college and university administrators and educators.

Because the proportion of minorities in nursing programs is lower than the national average for colleges, and because the number of black, Hispanic, and Asian youths is expected to grow, minorities are another potential group at which to target recruitment efforts. However, these are the students who often need the most academic and financial assistance to graduate.

Each potential group of recruits, then, requires special considerations — a better understanding of adult learning and the impact of sexism in nursing, day care facilities, remedial courses, flexible schedules, and tutoring. These are some of the areas on which nurse educators must focus now. If, instead, they lower admission standards, the entire profession will suffer, especially now that consumers need the highest quality care possible in hospitals, their homes, and their communities. As Hodgkinson said, "We need to make a major commitment as educators to see that all students in higher education have the opportunity to perform academically at a high level. The task will be not to lower the standards but to increase the effort [6]."

References

1. Hodgkinson, Harold L., *All One System: Demographics of Education*, Institute for Educational Leadership, Washington, DC, 1985.
2. See note 1, above.
3. Gunnerson, Ronnie, "Recruiting Students," *ZIP Target Marketing*, July, 1986: 16–21.
4. United States Department of Health and Human Services, *Fifth Report to Congress*, Government Printing Office, 1985.
5. Holtzclaw, Barbara J., Crisis: changing student applicant pools, *Nursing & Health Care*, October 1983: 450–454.
6. See note 1.

Call for Manuscripts

NLN's Division of Communications is actively seeking book-length manuscripts in the following content areas:

- Nursing administration
- Health policy
- Community Health administration
- Nursing education
- Advanced nursing practice
- Marketing of health services
- Nursing theory

Manuscripts should be original, not previously published, and innovative in their ideas and presentation.

Send your query letter, including a detailed description of your proposed project, its audience, and your qualifications, to Elaine Silverstein, Division of Communications, National League for Nursing, 10 Columbus Circle, New York, NY 10019-1350, or call (212) 582-1022.